County Co	STATE C	F MARYLAND-	CERTIFICATE OF DEATH 08	156
Village or City. School of the State of State of City or town where death occurred. Length of residence in city or town where death occurred. 2. FULL NAME (a) Residence: No. School of State		/	10	91
Langth of residence in city or town where death occurred. YELL NAME (a) Residence: No. Cluster Columber Colu	County Forman	· · · · · · · · · · · · · · · · · · ·	Registration Dist. No.	
(3) Residence: No. (4) Residence: No. (5) Applicate of shocks: (5) Application of the contributor give city or town and State PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVORGED (**mirche* word) 5. SINGLE, MARRIED, WIDDVED, OR DIVORGED (**mirche* word) 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day, hts. 1 day, hts		. 7	death occurred in a hospital or institution, give its NAME instead of street and n	umber)
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVORCED (**erit life word) OR DIVORCED (**erit life word) OR DIVORCED (**erit life word) 5. If married, widowed, or divorced HUSBAND HUSBAND HUSBAND HUSBAND HOS BIRTH (month, day, and year) 1. J.		Chuton ac	red	
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OR DIVORCED (wire ble word) So. If married, widowed, or divorced (Wonth) (Wonth) (Wonth) (Wonth) (Wonth) (Wonth) (Pay) 193 J. (Year) 22. I HER EBY CERTIFY. This I attended deceased from the properties of carry wife o	PERSONAL AND STATIST	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
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12. BIRTHPLACE (city or town) (State or country) 13. NAME Meloui acra 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME Bertha Wasters 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT Meloui 18. BURIAL (REMATION, OR REMOVAL) Place Pfuffus Con Date 18. BURIAL, CREMATION, OR REMOVAL Place Pfuffus Date 19. UNDERTAKER (Address) 19. UNDERTAKER (Signed) M. D		spent in this		
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Place of further Can Date 8 1, 1933 Nature of injury 19. UNDERTAKER 7	17. INFORMANT Melvin C	rera:	(Specify city or town, county and State	e) ACE.
(Address) Early Cile my If so, specify Larrace M. D. 20. FILED aug 14, 19 33 W/4 brisell (Signed) Bolice of M. D.	DO 11. (D. a)	Date 8-14 1933		
20, FILEDUNG 19 19 CONTROLL	7 / 0,	lochon It		7
	20. FILED any 14, 19 3 \$ (1	1/4 Frisell	Office of	3 M. D



Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

FOR BINDING

WITH UNFADING INK-THIS MARGIN RESERVED mation should be carefully supplied. CAITSE OF DEATH in plain terms. PEAINLY, B.-WRITE

V. S. No. 1

ż

STATE OF	MARYLAND-	CERTIFICATE OF DEATH	16
1. PLACE OF PEATH County		Registration Dist. No. 190	2
Village or City Lessura		No	Ware
		death occurred in a hospital or institution, give its NAME instead of street and numb	
Length of residence in city or town whera death of	coursed yrs mos	ds. How long in U.S. if of foreign birth?yrsmos	0:
2. FULL NAME	Occasion de	111	
(a) Residence: No.	Use (place of abode)	Ward. If nonresident give city or town and State	3
PERSONAL AND STATISTICAL	RARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 91. 4. COLOR OR RACE OR OR W. S. SII	NGLE, MARRIED, WIDOWED, I DIVORCED (write the word)	21. DATE OF DEATH Que . 2 (Dey) , 193	3 (Year)
5a. If married, widowed or divorced HUSBAND of (or) WIFE of Edward 8.	anderson	22. Aug. 1 HEREBY CERTIFY. That I attandad daces	ased from
6. DATE OF BIRTH (month, day, and year)	28= 1836		ath is sai
7. AGE Years Months	Days If LESS than	to have occurred on the data stated above, at 1250 m.	
91/6	5 I day,hrs. ormin.	The PRINCIPAL CAUSE OF PEATH and related causes of Importance were as follows:	te of onse
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	ired	Chy. the hites. 12	130
9. Industry or business in which work was done, as SILK MILL,	semote.		
10. Date deceased last worked at this occupation (month and	11. Total time (years) spent in this		
12. BIRTHPLACE (city or town)	occupation	Other Contributory Canses of Importanca:	
(State or country)	llips		
14. BIRTHPLACE (city or town)	/21	Name of operation	
(State of country)	assi (!)	What test confirmed diagnosis?	sy? U
15. MAIDEN NAMELONIASA PX	ullips	23. If death was due to external causes (VIOLENCE) fill in also the following:	
16. BIRTHPLACE (city or town)	ass(?)	Accident, sulcide, or homicide? Date of injury,	, 19
17. INFORMANT Ms. Wingred (Address)	hamp	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL CREMATION, OR REMOVALA Place	8/4/33 ,19	Manner of injury	
19. UNDERTAKER This. 5. Sarga (Address) 1011-74 St. W.	ou with water	24. Was diseasa or Injury In any way related to occupation of deceased?	
20. FILED ang 2 1933 Miss	L. Rive Shirt	(Signed) June Dusley	М.
If more blanks	are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County Howard	Registration Dist. No.
Village or City Scaggsville	No. St., Ward
	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME Decemming H. Cuca	her
(a) Residence: No. / Belair Ma	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OD RACE OB DIVORCED (write the work)	21. DATE OF DEATH Congust 24 7 3 (Month) (Oay) (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of Susan Eucles	22. A I HEREBY CERTIFY, That I attended deceased from 1933 to burg. 24
6. DATE OF BIRTH (month, day, and year) * Luca 25th 1869	I last saw h win alive on ang. 23 Lat 19 33 death Is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 15. m.
64 11 129 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causos of importence were as follows:
8. Trade, profession, or perticular kind of work done, as SPINNER, factors SAWYER, BOOKKEEPER, etc	mulifie myeroma 2/23
kind of work done, as SPINNER, ACCURATE SAWYER, BOOKKEEPER, etc. SAWYER, BOOKKEEPER, etc. In work wes done, as SILK MILL SAW MILL, BANK, etc. 10. Date deceased 153 worked at this occupation drough and the same of the sa	primary in boness of spenal col-
10. Date deceased last worked at this occupation probab and 13 3 spent in this occupation probab and 13 3 spent in this occupation 45 year)	umm Cwall
1 5	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	Ocalem 18/226
& 13. NAME Densamin (ucher)	0/23/3
13. NAME Dengamin (selles) 14. BIRTHPLACE (city or fwn).	Name of operation
(State or country)	What test confirmed diagnosis? XVEAU . Was there an autopsy? Lo
15. MAIOEN NAME Muy C. Cole:	23. If death was due to external causes (VIOLENCE) fill In also the following:
15. MAIOEN NAME Muy C. (a-Ce.) 16. BIRTHPLACE (CT) of town)	Accident, suicide, or homicide?Oate of injury, 19
(State of country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT JOHNS T. J. W. W. J. W. W. J. W. W	Specify whether injury occupied in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, PREMATION, OR DEMOVAL	Manner of injury
Calogy Intly Mu. Det My. 10 1, 1933	Neture of injury
19. UNDERJAKER A TANK Kaiser	24. Was disease or Injury in any way related to occupation of deceased?
X 29 6 2 1 1 8 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	If so, specify (Signed) Want Shipe
20. FILEO D 10 3, 19 Registra	(Address) Davage Wie
If more blanks are needed, address State Revistrar	24TT N. Charles Street Reltimore Persection 71 S. No.

MOAHIN

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example 1		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
walker a second				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
		1 %		

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

BINDING

RESERVED

MARGIN

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation,

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5,1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

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Chronic interstitial nephritis	_1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL S	SPACE	FOR	FURTHER	STATEMENTS	$\mathbf{B}\mathbf{Y}$	PHYSICIAN

V. S. No. 1 m m ż

1. PLACE OF DEATH	
County Arward	Registration Dist. No. 193
	Mad. a. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsds.
2. FULL NAME Millians & L. Clay	illo-
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) That	21. DATE OF DEATH Aug. = 6 = 193.3 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (ar) WHEFOF Mrs. Neurotta Clagatte. 6. DATE OF BIRTH (month, day, and year) 1852 - 1172. 7. AGE Years Months Days If LESS than I day, hrs. or min. 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW HILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) 12. BIRTHPLACE (city or town) Month occupation (State or country) Many Land of Languille.	1 HEREBY CERTIFY. That I attended deceased from 31
14. BIRTHPLACE (city or town) Montyoning b.	Name of operation
(State of country)	What test confirmed diagnosis? Wes there en au'opsy? Hs
15. MAIDEN NAME Olizabeth Milling, 16. BIRTHPLACE (city or town) Horoard las, (State or country) manyland. 17. INFDRMANT Mrs. Lillie M. 5'Hare, (Addyfss) J., Mrf. any, Mrd.	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicida, or homicide?
18. BURIAL, CREMATION, OR REMOVAL Bentipare ang. = 8=, 1933.	Manner of injury
19. UNOERTAKER 6. M. Haltz. (Address) Hudish	24. Was disease or injury In any way related to occupation of deceased? 700
20. FILED Day 7, 1933 My Master	(Signed) Longe M. Doyer M. D. (Address) Damas Sug Md.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	STATE O	F MARYLAND	-CERTIFICATE OF DEATH 0816
1. PLACE OF	EATH		(183)
County AL	oward		Registration Dist. No. 191
Village or City_	Ellie	X Cety.	No. St.
Length of residenc	e in city or town where d	eath occurred yrs.	(If death occurred in a hospital or institution, give its NAME instead of street and numb mos. ds. How long In U.S. if of foreign birth?
2. FULL NAME	(0	Il Aquiel	(ummung
(a) Residence:	(121	Culi	St. Ward Bultuine
(4) 11001401100.	10	(Usual place of abode)	If nonresident give city or town and State
PERSONAL	AND STATISTI	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Mala	COLOR OR RACE	5. SINGLE MARRIED, WIDOWED OR DU ORCED (write the word	21. DATE OF DEATH (UL) 9
5a. If married, widowed, o	r divorced	sugre	(Month) (Day)
HUSBANO of (or) WIFE of			22. I HEREBY CERTIFY, That I attended decea
	46	1021	, 19, to,
6. DATE OF BIRTH (mon		19,1924	I lest saw h alive on, 19; dea
7. AGE Years	Months	Days If LESS tha	The state of the s
107	0	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, kind of work	done, as SPINNER, KKEEPER, etc.	o hood	
9 Industry or busin	ess in which)	Comming
SAW MILL, B	e, es SILK MILL, NK, etc	11. Total time (years)	
this occupation	(month and	spent in this	
12 DIDTIDI ACE (-it	Bal	tunis 0	Other Contributory Causes of importance:
12. BIRTHPLACE (city or (State or country)	ma	rae Cours	
13. NAME &	nah R.	Jumilies	
	A town)	1 1	Name of operation Date of
(State or coun		ary law	What test confirmed diagnosis? Wes there an au'ops
15. MAIOEN NAME	anna	stuters.	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city	or lown)		Accident, suicide, or homicide? Date of injury,
State or cour	dry)	arylacy	Where did injury occur?
17. INFORMANT 6	yoh K.	Сидини	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAN CHEMATION	OR REMOVAL	ly sy sally	Manner of injury
Pract	rue Cl	Pate (12, 19	3
19. UNOERTAKER	leorge	W. Brikle	24. Was disease or injury in any way related to occupation of deceased?
(Address) 173	78. / Eager	JAJ Ballen	If so, specify
20. FILEDless 9	1933 WT	& Missell	(Signed) loslab & Mages Ja alteris
		Registrar.	(Address) Elles At Cia Corr

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street ear	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year	
BEGGELAED				

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH should Registration Dist. No. of (If death occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. it of foreign birth? _____ yrs. ____ mos. PHYSICIANS Length of residence in city mos. statement 2. FULL NAME Ballimore. RECORD. (a) Residence: No. If nonresident give city or town and State (Usual place of abode) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH 4. COLOR OR RACE OR DIVORCED (queste the word) (Month) (Oav) (Year) 5a. If married, widowed, or divorced BINDIN HUSBAND of 22. I HEREBY CERTIFY, That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months If LESS than to have occurred on the date stated above, at _____ FOR 1 day, hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance 6 or ____ min. were as follows: Date of enset 8. Trede, profession, or particular S OCCUPATION kind of work done, as SPINNER, RESERVED be jo SAWYER, BOOKKEEPER, etc back may Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc ... 10. Oato deceased lest worked at 11. Total time (years) spent in this this occupetion (month and oggupation instructions Other Contributory Causes of importance: 12. BIRTHPLACE (city or town) MARGIN (State or country) FATHER 13. NAME See Neme of operation. 14. BIRTHPLACE (city or town) plain (State or country) What test confirmed diagnosis?____ Was there an autopsy?_____ carefully important. 15. MAIOEN NAME 무 23. If death was due to external causes (VIOLENCE) fill in also the following MOT Accident, sulcide, or homicide? 16. BIRTHPLACE (city or (State or country) Where did Injury occur? (Specify city or town, county and State) Specify whether injury IN INOUSTRY, IN HOME, OF IN PUBLIC PLACE. 17. INFORMANT plnods (Address) OF 18. BURIAL, CREMATION, OR REMOVA WRITE CAUSE Nature of injury LION 24. Was disease or injury in any way related to occupation of deceased 19. UNOERTAKER. (Address) If so, specify (Signed) 20, FILEO Gray - 14, 19 Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U.J. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Perilonilis	3 days ago
STREAD V. S.		9.	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH 08164
1. PLACE OF DEATH	(8.0)
County Farard	Registration Dist. No. 190
Village or City Elpridge (If	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME Joseph Downing),
(a) Residence: No. (Usual place of abode)	St., Ward Fort Grongs & Mrade Md. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OF RACE OR DIVORCED (write the word) 5a. If merried, widowed, or divorced	21. DATE OF DEATH. (Month) (Dey) (Year)
HUSBAND of Margary & Joeving	22. f HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and yeer) MATS. 1, 1905	
7. AGE Years Months Days If LESS than	to heve occurred on the date stated above, at
27 9 22 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, es SPINNER HATOS 2. Co. A. Colonia.	
Kind of work done, es SPINNER SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at the company of the company	Mc Clarka Dring
11. Total time (yeers) spenifin this year) 12. Total time (yeers) spenifin this year)	in Volaps Co fine
12. BIRTHPLACE (city or town) Spread (State or country)	Other Contributory Causes of importance fine description
# 13. NAME UNKNOWN	
13. NAME UNRNOWN 14. BIRTHPLACE (city or town). UNRNOWN)	Name of operation Date of
(State of Country)	What test confirmed diagnosis? Was there an aulopsy?
15. MAIDEN NAME UNCLUME 16. BIRTHPLACE (city or town) MARY	23. If deeth was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
17. INFORMANT Service Preord 118 army	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address)	
Place welley (a bote Aug 28, 1933	Manner of injury Nature of injury
19. UNDERTAKER Lloyd Baistry (Addiess) Lawrel, W.	24. Was diseased injury in any way related to occupation by deceased?
20. FILED ang 27, 19. 33 mus & Bird Regilitar.	(Signed) M. D. M. D. M. D.
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Example I

Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
	BECHNED	
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

STATE OF MARYLAND-CERTIFICATE OF DEATH OCCUPA. 1. PLACE OF DEATH County_ Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city of How long in U.S. if of foreign birth?_____yrs.____mos.____ds. 2. FULL NAME (a) Residence: No. Ward. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX S. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH DWORCED (write the word) 5a. If married, widowed, or divorced HUSBAND of 22. I HEREBY CERTIFY. That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, daw properly 7. AGE If LESS than to have occurred on the date stated above, at 1 dayhrs. The PRINCIPAL CAUSE OF DEATH end related causes of importance or min. Date of onset 8. Trade, profession, or particular OCCUPATION kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc...... may 10. Date deceased last worked et this occupation (month and 11. Total time (vearant spent in this that instructions 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME 14. BLRTHPLACE (city of fown) Name of operation. (State or country) What test confirmed diagnosis?_ in pl MOTHER 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?_____ Date of Injury____ DEATH 16. BIRTHPLACE (city or town). (State or country) Where did injury occur? ___ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANT (Address) OF 18. BURIAL, CREMATION, OR REMOVAL Manner of Injury CAUSE Nature of injury. TION 24. Was disease or injury In any way related to occupation of deceased? 19. UNDERTAKER (Address) If so, specify __ (Signed)_

Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

(Address) _

PHYSICIANS

RECORD.

BINDING

RESERVED

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efully

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as earpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal eause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street cor	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 doys ago	
Other contributory causes of importance: Gollstones	Moy 1,1923	Other contributory causes of importance: Gostroentcritis	1 year	

V. S. No. 1

of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 08166	
1. PLACE OF DEATH	92:00	
County Howards	Registration Dist. No. 193	
Village or City Mearl and	NoSt.,W	Vard
	f death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmos	de
2. FULL NAME John , A Hardin		000
(a) Residence: No. Elean Laurel Md	St., Ward.	
(Usual place of abode)	If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE Cofite 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 5a. If married, widowed or divorced	21. DATE OF DEATH 8/2 2 (Day) (Year)
HUSBAND OF Wary and Tourching	22. HEREBY CERTIFY, That I attended deceased	
6. DATE OF BIRTH (month, day, and year)	I last saw hum alive on 8/2, 1933; death is	sald
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance	
8. Trade, profession, or particular	were as follows:	neat
SAWYER, BDDKKEEPER, etc.	o y e superaus	
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. 9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10, Date deceased last worked at this coverage was accepted by the control of the control	myochraitis 192	0
10. Date deceased last worked at this occupation (month and 433 spent in this occupation	G	
11 10000	Other Contributory Gauses of importance: Ocuty Cardiac Dilint	
12. BIRTHPLACE (city or town) A CONTROL (State or country)	10h	
13. NAME Joseph Harding	0/24	4.3
14. BIR (HELACE (city or town)	Name of operation Date of	
(State or country)	What test confirmed diagnosis? Was there an autopsy?	214
# 15. MAIDEN NAME atherise Clark	23. If death was due to external causes (VIOLENCE) fill in also the following:	
16. BIRTHPLACE (city or town) Und	Accident, suicide, or homicide? Date of injury, f9	
S (State or country)	Where did injury occur?	
17. INFORMANT A Egy Harding (Address) Laurel MAG:	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HDME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, DR REMOVAL	Manner of Injury	
Date Date 1935	Nature of injury	
19. UNDERTAKER TOTAL Parado	24. Was disease or Injury in any war plated to occupation of deceased? 210	
20. FILED 8/2473, 30 Manh Shiley Registrar.	(Signed) Fauth	M. D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	_

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arterioselerosis 1915 Attack of epilepsy 1 week ago Chronic interstitual nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

19. UNDERTAKER

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

Nature of injury

If so, specify
(Signed)

(Addrass)

24. Was diseasa or Injury In any way ralated to occupation of deceased?

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V. S. No. 1

CLAND	atement		
LIII	ract sti		
7	. Ex		
MACI	classified		
raied	properly	TION is very important. See instructions on back of certificate.	
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Should	it may	n back	
MODE	that	tions o	
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ם חב	DEA	mi /	
inon	OF	very	
marion should be catefully supplied. And should be stated E.A.A.C.I.L.I. FILISICIANS	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement	TION is	
	P	N	

STATE OF MARYLAND—	CERTIFICATE OF DEATH 08168
1. PLACE OF DEATH	940
County Howard	Registration Dist. No.
Village or City Marriottsville	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	ds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME Harry Baldwin 1	ossiter
(a) Residence: No. Marcottsville (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Chele 5. SINCHE, MARBIED, WIDOWER, OR DIVOKED, (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Rossits.	22. I HEREBY CERTIFY, That I attended deceased from
S DATE OF DIDTH (month to only 10 and 30 1872	l last saw h elive on 19 death is said
6. DATE OF BIRTH (month, day, end yet) 7. AGE Years Months Days If LESS than	I last saw helive on
60 9 8 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	were as follows:
Kind of work done, as SPINNER, Laborer	aleging Perlong
2. Industry or business in which work wes done, as SILK MILL,	
9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc	
10. Date deceased last worked at this occupation (month and 935 spent in this occupation)	
12. BIRTHPLACE (city or town)	Other Centributery Causes of Importance:
(State or country)	
13. NAME Courant Cossitus 14. BIRTHPLACE (city or town)	
14, BIRTHPLACE (city or town) (State or country)	Name of operation Dete of
«	What test confirmed diagnosis?
	23. If death was due to external causes (VIOLENCE) fill In also the following:
O 16, BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
Mr. Ma Part	Where did injury occur? (Specify city or town, county and Stote)
(Address) Mariella (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL CREMATION, OR REMOVAL	Manner of Injury
Place edil stuff they Date the 9, 19 3.	Nature of injury
19. UNOERTAKER Eastoy Suras (Address) Illeast Cita	24. Was disease or injury In any way related to occupation of deceased?
20. FILEO aug 9, 19 33 WH Fissell Registrar.	(Signed) M. D. (Address) Blue add Cul

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," ctc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
10/			1
14		The second second	
\ \ \		8.0	

V. S. No. 1

County Howard) .	(183)	Registration D	ist No 19	5.
Village or City Savage	2	No.	negiziration D	St. 140	Ward
Length of residence in city or town where death occurred		death occurred in a hospital or insti			d number)
K. Mate	in Offen Affen	Adam How long in U.S. if	of foreign birth?	yrs	mosd
2. FULL NAME 1 19 19 19 19 19 19 19 19 19 19 19 19 1	Voise de	St. Ward G. L	7. Courte	mil	
	lace of abode)	2 St., ward.	If nonresident gi	ve city or town an	nd State
PERSONAL AND STATISTICAL PAI	RTICULARS		CERTIFICATE	OF DEATH	
Male ORDIVO	MARRIED, WIDOWED, RCED (write the word)	21. DATE OF DEATH	gust (Month)	24 (Day)	, 193 3 (Year)
a. It married, widowed, or divorced HUSBAND of	Van.	22. I HEREB			
(or) WIFE of liquid ligabeth s	loddard		Y CERTIFY		
DATE OF BIRTH (month, day, and year) April /C	-1882	I last saw h alive on			
AGE Years Month Days	If LESS than	to have occurred on the date sta			
3/ 14/13	1 day,hrs.	The PRINCIPAL CAUSE OF DEA	ATH and related causes	of Importance	Date of onse
8. Trade, profession, or particular kind of work done, as SPINNEP SAWYER, BOOKKEEPER, etc.	Nr. Bica				
9. Industry or business in which	1. m. e way				
kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK M Work was done, as SILK M L. SAW MILL, BANK, etc 10. Oato deceased last worked at this occupation (month					
10. Oato deceased last worked at this occupation (month-and year)	tal time (years) question this				
11 and	occupation	Other Contributory Causes of im	portance:		
2. BIRTHPLACE (city or town) (State or country)	7 6				
13. NAME John Stoddaws					
13. NAME ON Stodday	M	Name of operation		Oate of	
(State of country)	N.C.	What test confirmed diagnosis?_			
15. MAIOEN NAMESHILL Hudson		23. If death was due to external car			
15. MAIOEN NAMESHILL Hudson 16. BIRTHPLACE (city or town) Washin (State or country)	gton DC	Accident, suicide, or homicide?	accident	re of injury	24, 19 3
(State or country)	Ť. (Where did injury occur?		wn, county and St	ate)
(Address) Bar Harbor, A-A	lerde	Specify whether injury occurred	in INDUSTRY, in HOM	E, or in PUBLIC P	LACE.
8. BUREAL, CREMATION, OR REMOVAL Place Washington, S.C. Date 8	125/33.	Manner of injury drov	hed is	n the L	ittle
9. UNOERTAKER W. C. White Ro., 9	uc.	Nature of injury Palue 24. Was disease or injury in any	way related to occupati	on of decease	Mo
(Address) Lamely Mid-	0 1	If so, specify	H-0	1	me Po
0. FILED 0/25 33, 19 Mark &	tifley	(Signed) Y. Colu	in Hase	m, con	
	Registrar	(Affress) 200	wage.	Imas.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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	Example II	
S Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

STATE OF MARYLAND—	CERTIFICATE OF DEATH 08170
1. PLACE OF DEATH	(3)
County / Laward.	Registration Dist. No. 173
Village or City Pfuffers Carner	NoSt.,Ward
	If death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Frieda Q Zhoms	
(a) Residence: No. Elmoth City, med	· St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married	21. DATE OF DEATH August 6, 1933 (Monthly) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of Patrick of Patrick of Thompson	22. I HEREBY CERTIFY. That I attended aceased from
6. DATE OF BIRTH (month, day, and year) Sent 3 1895.	I last saw h. en alive on Dung. 6th 1933 : death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 9:25 Pm.
37 // 3 1 day,hrs.	mera as follows:
8. Trade, profession, or particular	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this necuration (month and separation this securation from the content of the content	Verbrites è Hyperteurin
work was done, as SILK MILL, SAW MILL, BANK, etc	1930
this occupation (month and year)	7-7-
12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:
(State or country) mary land-	
13. NAME terobused & Kerke.	/
13. NAME Feroburud & Kerhe.	Name of operation Date of
(State of country) Thang comp	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME Stilla Rogge. 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in elso the following:
O 16. BIRTHPLACE (city or town). (State or country) Manualand:	Accident, suicide, or homicide?
97 1 3 Th	Where did injury occur? (Specify city or town, county and State)
(Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Lugur Carner Date aug 9, 1933	
19. UNDERTAKER FO 1 W ig inhartour go	24. Was disease or injury in any way related to occupation of deceased?
(Address) Celleatt City me,	If so, specify Mark Shifley
20, FILED 8/133,19 maril 8 play,	(Signed) M. C
Registrar.	(Address)



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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonilis	3 days ago
Other contributory causes of importance:	لثد	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

3. No. 1	MARGIN RESERVED FOR BINDING
BWRITH PLAINLY,	B.—WRITE PLAINLY, WITH UNFADING INK THIS IS A PERMANENT RECORD. Every item of infor-
mation should be care	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state
CAUSE OF DEATH in	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-

V. S. No. 1

1. PLATOF DEATI	Н	,			- (Si.a)			194
County Stee	vare					Registration D	ist. No/_	
Village or City J&	ighlu	ue!		No.	d in a horpital or institut	ion sive its NAME	St.,	War
Length of residence in city	or town where	death occurred						
	A -	0 -	<i>y</i> .					
2. FULL NAME 2	Valle	I while	l-c					
(a) Residence: No	Thigh	(Usual place	of abode)	St.,	Ward.	If nonresident g	ive city or town	and State
PERSONAL AND	STATIST	ICAL PARTI	CULARS		MEDICAL CI	ERTIFICATE	OF DEATH	1
3. SEX 4. COLOR	OR RACE		RIFD, WIDOWED, D (write the word)	21. DAT	E OF DEATH		2 n	
m	2		mul.			(Month)	(Oav)	, 193 ³ (Year)
a. If married, widowed, or divorce HUSBAND of	d							
	Luda	-whit	5	22.	IHEREBY			
			17/			19, to		
B. DATE OF BIRTH (month, day, a		me 2,10	76.		alive on			; deeth is sa
. AGE Years	Months	Oeys	If LESS than 1 day,hrs.		curred on the date state			
57	2	28	ormin.	were as fo	IPAL CAUSE OF DEAT	II and related causes	or importance	Date of ons
8. Trede, profession, or part	icular SPINNER	PI	/		Uneberal	Nemos	rhage	Qu 4 31.
kind of work done, as SAWYER, BOOKKEEPE 9. Industry or business in w work was done, as SIL SAW MILL, BANK, etc		Laborer		-				0
9. Industry or business in w work was done, as SIL	K MILL.							
SAW MILL, BANK, etc.		11. Total ti	me (years)	-				
this occupation (month	and	spen	nt in this					
1 1,001/		00.0	pation	Other Cont	ributory Causes of impo	rtance:		
2. BIRTHPLACE (city or town)				-	- Ino su			
(State or country)	mon	g-land.						
13. NAME	elum.	White						
14. BIRTHPLACE (city or town)			Name of op	peration		Date o	f	
(State of Country)	1	nary-las	w.	What test o	onfirmed diagnosis?		Wes there	an auropsy?
15: MAIOEN NAME 16. BIRTHPLACE (city or town (State or country)	20	Cim		23. If death	was due to external cau	ses (VIOLENCE) fill	in also the follow	ving:
16. BIRTHPLACE (city or town)			Accident, s	uicide, or homicide?	D	ate of injury	, 19
(State or country)		nary &	and.	1	injury occur?			
7 INFORMANT Male	elas	white		Specify who	ether injury occurred in	(Specify city or to INOUSTRY, in HOW	own, county and	State) PLACE
(Address)	1 Lich	and 20	ue.					
8. BURIAL, CREMATION, OR REM	NOVAL	4		Manner of	injury			
Place Hojakuno	Chape	Oate 9:-	ع و 19	El .				
19 11		1/200	21		ease or injury in eny wa	av related to people	ion of deceased?	
9. UNDERTAKER 25 610	guil	Bit m	7	If so, speci	1	ay resident to occupe	on or deceased?	
1	2	000	al an	(Signe	. 1 /1	1kg cl	12	
/ ./ // //						111111111		- [V]



Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work donc.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year